## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIA NO / 623705 FILING DATE

APPLICANT(S)

CLAIMS

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| COLAIMS       |              | Erre Care Control                                | <u></u>  | Mark Control                                     |             | PROPERTY.  |

\*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3831

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